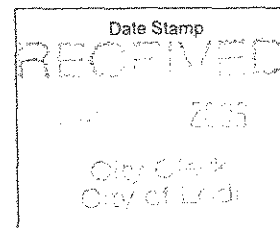


Candidate Intention Statement

Type or Print in Ink.

Check One: ☒ Initial ☐ Amendment (Explain) _____



CANDIDATE INTENTION STATEMENT

CALIFORNIA FORM 501

For Official Use Only

1. Candidate Information:

NAME OF CANDIDATE (Last, First, Middle Initial)

LEA, JANE

DAYTIME TELEPHONE NUMBER

(209) 329-6112

FAX NUMBER (optional)

()

E-MAIL (optional)

jlea@idsb.net

STREET ADDRESS

1931 Holly Dr.

CITY

Lodi

STATE

CA

ZIP CODE

95242

OFFICE SOUGHT (POSITION TITLE)

City Council

AGENCY NAME

City of Lodi

DISTRICT NUMBER, if applicable.

☒ NON-PARTISAN

PARTY:

OFFICE JURISDICTION

☐ State (Complete Part 2.)

☒ City ☐ County ☐ Multi-County:

City of Lodi

(Name of Multi-County Jurisdiction)

2006

(Year of Election)

2. State Candidate Expenditure Limit Statement:

(CalPERS candidates, judges, judicial candidates, and candidates for local offices are not required to complete Part 2.)

____ Primary/general election
(Year of Election)

____ Special/runoff election
(Year of Election)

(Check one box)

☐ I accept the voluntary expenditure ceiling for the election stated above.

☐ I do not accept the voluntary expenditure ceiling for the election stated above.

Amendment:

☐ I did not exceed the expenditure ceiling in the primary or special election held on: ____/____/____ and I accept the voluntary expenditure ceiling for the general or special run-off election.

(Mark if applicable)

☐ On ____/____/____, I contributed personal funds in excess of the expenditure ceiling for the election stated above.

3. Verification:

I certify under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Executed on

7-25-06
(month, day, year)

Signature

(Candidate)

FPPC Form 501 (January/05)

FPPC Toll-Free Helpline: 866/ASK-FPPC (866/275-3772)